

~~are required to respond to a collection of~~  
**PATENT APPLICATION FEE DETERMINATION RECORD**  
~~Substitute for Form PTO-875~~

U.S. DEPARTMENT OF COMMERCE  
It displays a valid OEM control number.

**APPLICATION AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
SIG FEE DFR 1.16(e), (f), or (g)		
ARCH FEE DFR 1.16(g), (h), or (m)		
ELIMINATION FEE DFR 1.16(o), (p), or (q)		
ALL CLAIMS DFR 1.16(l))	minus 20 =	
PENDING CLAIMS DFR 1.16(h))	minus 3 =	
LOCATION SIZE FR 1.16(c))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).	
IPLE DEPENDENT CLAIM PRESENT (§7 CFR 1.16(l))		

**difference in column 1 is less than zero; enter "0" in column 2**

**APPLICATION AS AMENDED – PART I**

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total OFR 1.16(i))	11	Minus " 20
Dependent OFR 1.16(i))	3	Minus " 3
Allocation Siza Fee (57 CFR 1.16(e))		
IT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 OFR 1.16(l))		

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total OFR 1.16(i))	11	Minus . " 20
Spending OFR 1.16(i))	3	Minus . " 3
Allocation & Size Fee (37 CFR 1.16(e))		
IT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))		

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE (\$)		RATE (\$)
X .25	=	X .50
X 100	=	X 200
180		360
TOTAL ADD'L FEE		TOTAL ADD'L FEE

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total (1.16(e))		Minus	"	"
Subtotal (1.16(e))		Minus	***	"
Attorney Fee (37 CFR 1.16(e))				
PRESENTATION OF MULTIPLE DEPENDENT CLAIM				(37 CFR 1.16(e)).

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
<b>TOTAL ADD'L FEE</b>	

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
<b>TOTAL ADD'L FEE:</b>	

If the entry in column 1 is less than the entry in column 2, write " $<$ " in column 3.

**Highest Number Previously Paid For** IN THIS SPACE IS less than 20, enter "20".

**18. If Total Number Previously Paid For IN THIS SPACE Is less than 3, enter "3".**

**Information required by 37 CFR 1.16.** The information is contained in column 1 of the table above.

**15. Is the information being requested by SFR? If yes, check the appropriate box in column 1.**

ing, preparing, and submitting the completed application form to the USPTO. The time required will vary depending upon individual circumstances.

application form to the USPTO. Time will vary depending upon the individual case. Any comments or questions concerning this process should be directed to the Office of the General Counsel.

If you need assistance in completing the form, call 1-800-PTO-2100, or 1-800-872-1000.